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Bet
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Withdrew
As Attorney
or
Agent

PTO/SB/83 (03-02)

Approved for use through 10/31/2002, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT

Application Number	10/017, 287
Filing Date	12/12/2001
First Named Inventor	Michael Black
Group Art Unit	
Examiner Name	
Attorney Docket Number	RLT - III

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Professional Ethics and Conflict of Interest.

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

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Customer Number

Place Customer Number
Bar Code Label here

OR

Firm or
Individual Name

Maynard A. Howe

Address

Reliant Technologies, Inc.

JUL 17 2002

TECHNOLOGY CENTER

2000
R370

Address

205 South Helix, Suite 72

City

Solana Beach

State

CA

ZIP

92075-0370

Country

U.S.A.

Telephone

(858) 794-0901

Fax

(858) 794-6235

This request is made on behalf of myself and

all the attorneys/agents of record,

the attorneys/agents (with registration numbers) listed on the attached paper(s), or

the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name

Ron J. WBS

Signature

Date

7/13/02

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NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/017,287
		Filing Date	12/12/2001
		First Named Inventor	Michael Black
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	RLT-111

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Req. for Withdrawal as Attorney or Agent
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Dr. Ron Jacobs, Reg. No. 50,142
Signature	
Date	7/3/02

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

7/3/02

Typed or printed name	Jacqueline Guerjo
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